

## Youth Volleyball Camp Registration

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone: \_\_\_\_\_

Girl { }      Boy { }

Week 1  
Grades 6-12  
(Beginning)  
July 24-July 28      \$50.00      { }  
Max Enrollment 36 Players

Week 2  
Grades 6-12  
(Intermediate)  
July 31-August 4      \$50.00      { }  
Max Enrollment 36 Players



Seattle Parks and Recreation  
Northgate Community Center  
10510 5th Ave NE  
Seattle WA 981215  
(206) 386-4283



## Northgate Community Center Volleyball Camps For Grades 6-12th Boys and Girls

### Dates:

**Week 1:** July 24-July 28  
(Beginners)

**Week 2:** July 31-August 4  
(Intermediate)

**Time:** 1-5 pm



Tel: (206) 386-4283

## General Information

Participants must bring snacks, and plenty of water to each day of the camp. Camps starts at 1:00 pm and ends at 5:00 pm. Please make sure all campers have had lunch prior to camp.

Volleyball kneepads are required for all campers. Campers should also wear comfortable clothing that will allow them free movement and flexibility.

### **Payment Information**

Please fill out and return camp applications with camp fee as soon as possible to reserve your spot. A sports registration form is required.

Questions about the volleyball camps? Please email Monica Wort at [monica.wort@seattle.gov](mailto:monica.wort@seattle.gov) for more information.

Please make all checks payable to City of Seattle.

Ravenna Eckstein (206-684-7534) and the International District Chinatown (206.233-0042) Community Centers will take registrations until July 14th.

## Seattle Parks/Strike Force Volleyball Camps



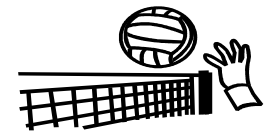
### Week 1:

#### Beginner Players



Join us for a fun week of introductory level volleyball. We will cover the basics including passing, setting and hitting. The fundamentals of each of the positions on the court will be taught, including rotation and areas of court coverage. Our emphasis will be on learning in a friendly atmosphere, team building and lots of hands-on drills for players to improve their game.

Dates: July 24-July 28  
Time: 1:00 pm-5:00 pm  
Cost: \$50.00



### Week 2:

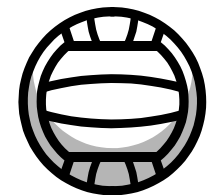
#### Intermediate Players

This camp is geared toward players who have some experience, and have a working knowledge of the sport. Come and hone your skills through hands on drills and scrimmages. We will review different offenses (6-2 and 5-1), and take you through higher intensity, skill-specific exercises to improve your game. Team spirit and having fun are part of our program, as well as shuttle drills and conditioning.

Dates: July 31-August 4  
Time: 1:00 pm-5:00 pm  
Cost: \$50.00

Bump

Set



Spike





# YOUTH SPORTS REGISTRATION FORM

Dear Parent or Guardian:

The Seattle Department of Parks and Recreation welcomes your child to our Youth Sports Program. We hope that your child will find the experience rewarding and will develop skills and friendships that he or she will keep for the rest of his/her life.

Your child will be placed on a team based on an assessment by Recreation staff and/or volunteer coaches using the following criteria: safety, skills, and ability. If there are only enough youth to form one team in your child's age division and gender at the desired community center, your child will automatically be placed on that team. The ability of the team is then assessed by Recreation staff and the team is placed for example in the appropriate league, either Gold (competitive), Silver and Bronze (recreational) or House League (recreational skill development).

If there are not enough participants to form a team with your child's age and/or gender classification at the community center where you signed up, you will be given the opportunity to have your child join a team at another community center, join a team in a different age group, or join a team of the opposite gender.

As a condition of your child's participation in this activity, you must complete and sign the attached form and return it to the community center where your child is participating. If you do not want to authorize the City to secure medical treatment for your child in the event of an accident and you cannot be contacted, then cross out and initial the medical authorization paragraph. Be sure, nonetheless, to complete the "Emergency and Medical Information" section.

Thank you.

## COMMUNITY CENTER FILE COPY

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Telephone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Sport or Activity	Signature of Parent or Guardian	Date
-------------------	---------------------------------	------

1. _____	_____	_____
----------	-------	-------

2. _____	_____	_____
----------	-------	-------

3. _____	_____	_____
----------	-------	-------

\*\*\*\*\*

This form has four sections (1) an assumption of risk and release; (2) paragraph of instruction; (3) medical authorization; and (4) a participant information form. The first section tells you about risks of injury that may arise from participating in a sport or activity of the Department's Youth Sports Program in order to aid you in making an informed decision as to whether or not your child should participate in this athletic activity and requires you to assume its risks. The second section emphasizes obedience to safety rules. The third section gives the Department authorization to provide medical care in case an accident should happen and you cannot be contacted. The fourth section provides the Department important information about your child.

As a parent or guardian, you should ask coaches, physicians, and other knowledgeable persons about any concerns that you might have at any time about your child's participation or safety. The decision for your child to participate is your.

## I. ASSUMPTION OF RISKS

Injuries to participants in the Youth Sports Program may occur from risks inherent in the sports or activity; from placing stress on the body that has not been prepared for; from accidents in learning or practicing playing techniques; from failing to follow game, training, safety or other team rules; from the use of transportation to and from games and other events; and from administration of first aid. Injury can include direct physical, and possibly crippling, injury to one's body, and emotional injury experienced as a result of inflicting injury to another or witnessing it. The severity of injury can range from minor cuts, scrapes, or muscle strain to catastrophic injury, such as paralysis or even death.

In consideration of the City and the Seattle Department of Parks and Recreation permitting my child or ward to participate in its Youth Sports Program, I hereby agree on behalf of my child that he or she will assume the risk of injury or death from participating as outlined above. I release the City, its Department of Parks and Recreation, the Department's employees, advisory councils, and/or volunteers from any liability resulting from my child's participating in the sport or activity. This assumption of risk and release binds by child's heirs, estate, executor or administrator, and assigns all members of my family.

## II. INSTRUCTION

I have told my child to obey all directions of the instructors and personnel in charge of the sport or activity and their assistants; to comply with all safety instructions; and to refrain from horseplay and other unsafe practices.

## III. MEDICAL AUTHORIZATION

In the case of an accident or illness, I authorize the City to provide medical treatment for my child if I cannot be contacted immediately and I consent to the administration of any and all medical procedures deemed necessary by the attending authorities. I understand that the City, its staff, and volunteers assume no financial obligations or liability for the immediate medical treatment that they provide to or for my child.

## IV. EMERGENCY AND MEDICAL INFORMATION

Person to contact in an emergency:

_____			_____
Name			Telephone (Day)
_____			
Address	City	Zip	Telephone (Evening/Weekend)

Alternate person to contact in an emergency:

_____			_____
Name			Telephone (Day)
_____			
Address	City	Zip	Telephone (Evening/Weekend)

Physician:

_____			_____
Name			Telephone
_____			
Address	City	Zip	

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

I/We have agreed to assume the risks of participation and the release, given the instruction, authorized immediate medical attention if I/we cannot be contacted, and completed the emergency and medical information.

_____	_____
Signature of Parent or Guardian	Date

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Day/Work) \_\_\_\_\_

Relationship: \_\_\_\_\_